Case 2: **Local soft tissue infection with Enterococcus.** A 62 years old alcoholic male presented within 1 hour after snakebite to the right hand from an unknown species. He had applied two tourniquets (to right forearm and arm) that were loosened in the emergency ward. He developed mild local swelling and neurological symptoms (ptosis, opthalmoplegia) within two hours of the bite, and received 200 ml of antivenom (Bharat serum, India) over 2 hours. (Although the neurologic symptoms resolved) the patient subsequently developed fevers and the hand swelling increased over 2 days. The wound developed gangrene and purulence over requiring surgical debridement. Wound cultures grew Enterococcus species, and he received gentamicin, metronidazole, and vanomycin. He was discharged on day 18th with moderate loss of hand functions.

Conclusion: Snakebite-associated infection in the tropics can manifest variously, with local, regional and remote effects on injured tissues. More studies are warranted for this important complication of envenomation.

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25.006

Clinicomicrobiological profile of infective endocarditis in a tertiary care centre of Nepal

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Background: Infective endocarditis is a common problem and data regarding its clinical and microbiological pattern from developing countries are sparse. We studied clinical features and the microbiological pathogens in patients with Infective Endocarditis.

Methods: A hospital based, cross sectional descriptive study was carried out over a period of 1 year.

Results: A total of 54 patients with history of fever and underlying heart disease were evaluated for IE. Out of them 11 patients (20.4%) had Dukes definite IE. Fever was present in 100% cases (n = 11) as it was the inclusion criteria of the study, followed by SOB 81.8% (n = 9), anorexia 81.8% (n = 9), malaise 63.6% (n = 7), cough 54.4% (n = 6), palpitation 45.5% (n = 5), swelling of body 45.5% (n = 5), myalgia 36.4% (n = 4). Past history of RHD was present in 18.2% (n = 2) and only 18.2% (n = 2) of patients were in penicillin prophylaxis. No patients had undergone any dental procedure in last 2 weeks prior to the presentation. One patient (9.1%) was intravenous drug abuser and 36.7% (n = 4) of patients were smoker. History of antibiotic therapy prior to the presentation was present in 36.7% (n = 4) patients. None of the patients had a history of prior IE. Pallor was the most common sign 63.6% (n = 7), followed by edema 54.5% (n = 6), icterus 36.4% (n = 4). Embolic events seen in 18.2% (n = 2). Dental caries and focal neurological deficit were seen in 9.1% (n = 1) each. Peripheral signs in IE were not seen in any of the cases. Petechial hemorrhage in 18.2% (n = 2) patients. Anemia (Hb < 10gm %) in 36.4% (n = 4) cases, leucocytosis and microscopic haematuria in 72.3% (n = 8) and 27.3% (n = 3), respectively. Blood culture positivity was seen in 36.4% .The most common pathogens were *Staphylococcus*

Conclusion: Clinical spectrum of IE in our study was different from the west.Majority of patients being young, RHD still being the common underlying heart disease. However microbiological pattern was similar to western studies, i.e. *staphylococcus aureus* being the commonest isolate. So, we need a large study to know the real epidemiological, microbiological pattern of IE in our country.

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The relation of the contraction period and the bacteria of the otorrhea of chronic otitis media

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Background: Chronic otitis media [COM] is an infectious disease to need treatment of the antibiotics many times for a long time. It is often that COM suffers from treatment because the appearance frequency of resistant bacteria or fungus increases. Aim of our study is to clarify cause bacteria of the otorrhea of COM and what kind of patient resistant bacteria increase with.

Methods: 103 patients aged 2 years to 79 years [median age 53.2 years] who complained otorrhea with COM were enrolled in a study at the Tokyo Metropolitan Police Hospital during September from 2007 to 2009. Diagnosis was made by otolaryngologists, the otorrhea was collected. The perforation of ear drum to last for more than three months was defined as COM. Antibiotic treatment within one month was excluded. The relation of the contraction period and numbers, kind, sensitivity of bacteria was examined.

Results: The patients who had illness under 1 year were 47 people, for 1 -20 years were 29, for more than 20 years were 27. In total, 85 of 103 patients had positive culture. Staphylococcus aureus was found in 37[43%]. Pseudomonas aeruginosa was found in 23 [27%]. Candida or Aspergillus was found in 11 [13%]. Streptococcus pneumonia was found in 2. In the 27 patients who had illness for more than 20 years, Pseudomonas aeruginosa was found in 10, Candida or Aspergillus was found in 9, MRSA was found in 2, and Serratia marcescens was found in 2.

Conclusion: In this study, the cause bacteria of otorrhea of the COM found that obviously it was different from that of the acute otitis media. Specially, it found that the bacteria in such case as the Pseudomonas aeruginosa and MRSA that it had a difficulty in the treatment increased as much as the year which COM took increased, and fungus which treatment by the antibiotic was invalid to had identification given, too.

We have to do treatment by the antibiotic carefully until cause bacteria have identification given by a bacteriological examination about the otorrhea of the COM.

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